Spondylosis

What is spondylosis?
Spondylosis (spinal osteoarthritis) is a degenerative disorder. It is the general wear and tear that occurs in the joints and bones of the spine as people get older. It may cause loss of normal spinal shape and function. Although aging is the primary cause, the location and rate of change is different from person to person. Spondylosis may affect the cervical (neck), thoracic (mid-back), or lumbar (low back) regions of the spine.

Causes
To better understand the causes of spondylosis, it is useful to know a little more about the structure of your spine.

Your spine is made up of vertebrae, discs, muscles and nerves. Vertebrae are the ridge-shaped sections of bone that make up the structure of your spine, and protect the nerves. The vertebrae are supported and cushioned by discs full of gel and water that are tough and flexible. As you get older, the discs dehydrate, become thinner and become harder. They then provide less support to the vertebrae resting on the discs. Your body compensates for this by producing small lumps of extra bone to better support your spine and stiffen the spine. The extra bone is known as a bone spur or osteophyte. Osteophytes can cause the spine to become too rigid leading to the symptoms of stiffness and pain. Changes in bone structure can also compress nearby nerves and blood vessels, which cause symptoms of more widespread pain.

Outlook
- Spondylosis is an age-related condition. It is estimated that nearly all men and women will have signs of cervical Spondylosis on an X-ray by the time they reach the age of 70.
- Only some people have symptoms related to spondylosis. Others have very marked signs on an X-ray and have no symptoms at all.
- Around 90% of people with spondylosis will only experience episodes of stiffness and pain.
- Pain usually comes and goes, with flare-ups followed by symptom-free periods. Some people develop chronic (long-lasting) pain.

**Areas affected**

**Cervical (neck)**
The complex anatomy and large movements in the neck make this area of the body susceptible to degenerative change. Neck pain from spondylosis is common. The pain may spread into the shoulder or down the arm. If your pain is localised to your neck you may benefit from the exercises shown in our information leaflet – cervical spondylosis.

**Thoracic (mid-back)**
The thoracic spine is less commonly affected due to its reduced movement. If there is spondylosis in this region the shape of the mid back can round to the appearance of a hunchback, this is called a kyphosis.

**Lumbar (low back)**
Spondylosis often affects the lumbar spine in people over the age of 40. Pain and morning stiffness are common complaints. Usually many levels are involved. The lumbar spine carries most of the body's weight. Therefore, when degenerative changes affect its structure you may get pain with activity such as walking and standing or after long periods of rest.

**Other symptoms**
If a bone spur (osteophyte) causes a nerve to be pinched or irritated, the entire length of the nerve can be affected. Depending on the nerve, you may feel pain travelling into the arms or legs. You may also experience some pins and needles or numbness in the part of the body that the nerve travels too. This more commonly affects the neck and lower back.

**More severe symptoms**
Spondylosis can be more serious if it affects the size of the spinal canal. This is called stenosis and can interfere with the signals that travel between your brain and the rest of your body.
If it is not treated, it can lead to long-term problems.
Symptoms can include:
- a lack of co-ordination, for example you may find tasks such as buttoning a shirt increasingly difficult
- heaviness or weakness in your arms or legs
- problems walking
- problems controlling your bladder and bowel

If you develop any of these symptoms you should seek urgent medical attention.

**You are more likely to suffer from spondylosis if:**
- You are over 40 years of age
- You are overweight as this puts extra load on the joints
• You have had a prior injury. Trauma makes a person more susceptible to developing spondylosis.
• You have a poor posture and are inactive. This can load the joints, muscle and ligaments incorrectly over long periods leading to early degenerative changes.

**Diagnosis**
Spondylosis is usually suspected if there are typical symptoms of pain and stiffness. It may also be considered as a cause of radiating arm pain and problems with the hands or legs. Various tests, which are outlined below, can be used to rule out other conditions and confirm the diagnosis:
- Physical examination by a physiotherapist or doctor
- X-ray
- MRI

**Treatment**

**Exercise and lifestyle changes**
- Low-impact aerobic exercises such as swimming or walking
- Correcting your posture when standing and sitting
The long-term use of any brace or collar is not recommended as it can make your symptoms worse due to more stiffness.

**Physiotherapy**
A physiotherapist can mobilise joints and soft tissue as well as giving exercises to reduce stiffness and improve posture.

For further information on back and neck care please see our video ‘you and your back’.

**Pain relief**
Correct pain medication or the use of a transcutaneous electrical nerve stimulation (TENS) machine may be beneficial. You should seek advice from your GP regarding pain medication.

**Surgery**
In some severe cases surgery may be suggested by your consultant.

This is always a last resort.